

Applicant(s): Biedermann et al. Examiner: Zinna Northington Davis

**Serial No:** 09/595,218 **Art Unit:** 1625

Filed: June 16, 2000 **Docket:** 19710

**IMMUNOSUPPRESSIVE AGENTS** 

For: CYCLIC IMIDE-SUBSTITUTED Dated: July 17, 2006

PYRIDYLALANE, ALKENE,
ALKINE, CARBOBOXAMIDES
USEFUL AS CYTOSTATIC AND

Confirmation No: 2204

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

## **AMENDMENT**

Sirs:

In response to the Office Action dated May 15, 2006, applicants submit the following Amendment for entry in the above-identified application. The Amendment to the Claims commence on Page 2 hereof, while the Remarks commence of Page 24.

## **CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450 on July 17, 2006

Dated: July 17, 2006

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LETTER (Large Entity) AMENDMENT TRANSMITT Docket No. JUL 2 1 2006 Applicant(s): Elfi Biedermann et al. 19710 Customer No. Examiner Group Art Unit Confirmation No. Application No. Filing Date MAR Northington Davis 23389 1625 2204 09/595,218 June 16, 2000 CYCLIC IMIDE-SUBSTITUTED PYRIDYLALANE, ALKENE, ALKINE, Invention: CARBOBOXAMIDES USEFUL AS CYTOSTATIC AND IMMUNOSUPPESSIVE AGENTS **COMMISSIONER FOR PATENTS:** Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. **CLAIMS AS AMENDED** HIGHEST # NUMBER EXTRA **ADDITIONAL** CLAIMS REMAINING RATE AFTER AMENDMENT PREV. PAID FOR **CLAIMS PRESENT** FEE \$0.00 \$50.00 56 0 **TOTAL CLAIMS** 47 0 \$200.00 \$0.00 INDEP. CLAIMS 2 3 = Х \$0.00 Multiple Dependent Claims (check if applicable) \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of to cover the filing fee is enclosed. A check in the amount of The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. ☐ Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Dated: July 17, 2006 Signature Mark J. Cohen Registration No.: 32,211 I hereby certify that this correspondence is being deposited with Scully, Scott, Murphy & Presser, P.C. the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, 400 Garden City Plaza, Suite 300 P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on Garden City, New York 11530 July 17, 2006 (516) 742-4343

CC:

of Person Mailing Correspondence

Mark J. Cohen

Typed or Printed Name of Person Mailing Correspondence

Signature